We want to know all about you!!! (Confidential)

Name: _____DOB: _____/_____/_____ Gender_____

Home Address _____City_____State_____Zip_____

Cell Phone # (_____) _____Other Phone#(_____)_____

Email Address: _____Single ☐ Married ☐ Partnered ☐ Divorced ☐ Widowed ☐

Occupation: _____Work Phone # (_____) _____ Ext. # _____

Spouse's/Partner's Name: _____Phone #(_____)_____

Number of Children: _____Names and Ages: _____

Emergency Contact: _____Phone # (_____)_____

Who can we thank for referring you to Elements of Being?

Main reason for seeking Chiropractic care:

☐ To experience a new level of health and well being ☐ To be more connected to my body

☐ To relieve my pain ☐ Other:

Explain: _____

How is this affecting your life? (Physically, socially, family life, concern for future health, etc)

Previous Chiropractic Care? Y/N **Date of last adjustment**_____**Chiropractor**_____

What is your understanding of Chiropractic?

Have you had any XRAYS, CT or MRI? Y/N **If yes, where were they taken?** _____

Please check all of the following that apply to you:

☐ Worst headache I have ever had
☐ Alcohol/drug dependence
☐ Menstrual problems
☐ High blood pressure
☐ Dizziness/fainting
☐ Epilepsy/seizures
☐ Marked morning pain/stiffness
☐ Visual disturbances/double vision
☐ Surgeries_____
☐ Medications_____Allergies to medications_____

☐ Nausea, numbness, nystagmus
☐ Difficulty swallowing
☐ Difficulty swallowing
☐ Stroke (Date: _____)
☐ Pain in groin/buttocks
☐ Cancer/tumor
☐ Pain unrelieved by rest
☐ Currently pregnant

☐ Prostate/urinary problems
☐ Recent Fever
☐ Diabetes
☐ Corticosteroid use
☐ Osteoporosis/osteopenia
☐ Taking birth control
☐ Pain at night
☐ Abnormal weight gain/loss

Family History

☐ Cancer ☐ Diabetes ☐ High blood pressure ☐ Heart/Stroke ☐ RA ☐ Aneurysm ☐ Clotting disorders

☐ Marfan's Syndrome ☐ Osteogenesis Imperfecta ☐ Ehler-Danlos Syndrome ☐ Fibromuscular degeneration

Please check any of the following that you feel have or are currently creating stress to your life/body:

☐ Birth Trauma (your birth)	☐ Environmental	☐ Depression	☐ Career
☐ Car accidents	☐ Tobacco	☐ Worry about the future	☐ Family
☐ Sports Injuries	☐ Caffeine	☐ Think a lot about the past	☐ Financial
☐ Physical abuse	☐ Alcohol	☐ Mental anxiety	☐ Pace of life
☐ Work injury	☐ Processed foods	☐ Regrets	☐ Quick temper
☐ Poor Posture	☐ Refined sugars	☐ Mind races at night	☐ Hold in feelings
☐ Heavy computer use	☐ Prescription Drugs	☐ Mental Anxiety	☐ Perfectionism
☐ Repetitive movements	☐ Recreational drugs	☐ Hard time focusing	☐ Procrastination
☐ Prolonged posture position	☐ Aspartame	☐ Regrets	
☐ Carrying Children	☐ Relationships	☐ Diagnosis of mental illness	

Are you pregnant? Y/N **What week are you currently in?** **ultrasounds?** Y/N **OB/Gyn or Midwife?**

Do you have a birthing plan? Y/N **Do you have a Doula?** Y/N **Estimated due date:**

If in week 32 or greater, what is the position of baby? LOA, ROP, Breech. Don't know?

Who is on your health team? (Massage, Acupuncture, reflexologist, personal trainer, nutritionist, naturopath, M.D.)

Have you had any major sicknesses, been unconscious, or extended hospitalizations? Y/N If yes, explain: ☐

Please rate 1-10 (10 is best): Physical health? Emotional health? Mental health?

What are the healthiest habits that you currently choose in your life?

Why is your health important to you?

Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an “arterial dissection” that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related to one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: _____ Signature: _____ Date:

Parent or Guardian: _____ Signature:_____ Date:

Witness Name: _____ Signature:_____ Date:

24 Hour Appointment Cancellation Policy:

Elements of Being Family Chiropractic is committed to providing all of our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen.

Please call or text us at (415) 497-4546 at least 24 hours prior to your scheduled appointment to notify us of any changes or cancellations.

If prior notification is not given, you may be charged for the missed appointment, unless otherwise considered by Kacie Flegal, D.C.

Please sign below to consent to these terms.

_____

Client Signature (Client's Parent/Guardian if under 18)

_____

Date